U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	45		
1. File Number U - 423	2. Fiscal Year Covered From:		
<i>v</i>	1 / 01 / 04 Through: 12 / 31 / 04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Joseph Thibodeau	Name Bakery, Confectionery, Tobacco Workers and Grain Millers International Union		
	Labor Organization File Number 20031		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 13809 Bethpage Lane	Street 10401 Connecticut Avenue		
City Silver Spring	City Kensington		
State Maryland ZIP Code + 4 20906	State Maryland ZIP Code + 4 20895		
5. Position in labor organization. International Executive	Vice President		
A. Held an interest in, engaged in transactions (including loans) with or o	sions set forth in the instructions):		
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Signa	ature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed James Thofologo	On 7/20/05 (301) 933-8600		
	Date Telephone Number		
Form I M-30 (2003)			

Name of Person Filing Joseph Thibodeau	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust  c. Employer		
Street	-		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name		To control the second s	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.	The second section of the section of th	
State ZIP Code + 4	TE.a. Hazare of interest field of income received.		
	1		
	.12.b, Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Loomis, Sayles & Company	June 2004 - Trustees Dir	ner	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 70 E. 55th Street, 22nd Floor			
City New York			
State New York ZIP Code + 4 10022			
42 h Ja tha Davis and a Francis	14.b. Amount of payment.		
13.b. Is the Business an Employer x or Consultant ?		\$93.50	

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Name of Person Filing Joseph Thibodeau		File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organizat	tion	
Trade Name, if any:	b. Trust	iio) i	
P.O. Box, Bidg., Room No., if any	c. Employer		
Street	Invested		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value	e of such dealing.	
City	12.a. Nature of interest held	or income received.	
State ZIP Code + 4			
	12.b <sub>0</sub> Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Voyageur Asses Management Inc.	December 20	004 - Trustees	Dinner
Trade Name, if any:		1140000	
P.O. Box, Bldg., Room No., if any Suite 300			
Street 2300 M Street, N.W.			
City Washington			
State D.C. ZIP Code + 4 20037			
13.b. Is the Business an Employer  or Consultant ?	14.b. Amount of payment.		\$135.77

Name of Person Filing Joseph Thibodeau		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organizat	ion	
P.O. Box, Bldg., Room No., if any	b. Trust  c. Employer		
Street	in the second		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		-	
Street			
City	11.b. Approximate dollar value	- <u>American Andreas (and an american and american and american and american and an american and american</u>	
	12.a. Nature of interest held	or income received.	
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name B&C Trust Funds	REIMBURSED	EXPENSES	
Trade Name, if any:	December 20	003 Trustees Meeting	
P.O. Box, Bldg., Room No., if any	Hotel, A	llocated Misc. Charges	
Street 10401 Connecticut Avenue			
City Kensington			
State Maryland ZIP Code + 4 20895			
13.b. Is the Business an Employer x or Consultant ?	14.b. Amount of payment.	\$1,266.68	

Name of Person Filing Joseph Thibodeau	File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).  Name	9. Business deals with:	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11 h Approvimete deller value of auch dealing	
City	Approximate dollar value of such dealing.      Nature of interest held or income received.	
State ZIP Code + 4		
	12.b, Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name B&C Trust Funds	REIMBURSED EXPENSES	
Trade Name, if any:	June 2004 Trustees Heeti	ng
P.O. Box, Bldg., Room No., if any	Hotel, Train, Car Ren	1 1
Street 10401 Connecticut Avenue	Food, Tips, Taxies,	rarking
City Kensington		
State Maryland ZIP Code + 4 20895		
13.b. Is the Business an Employer x or Consultant ?	14.b. Amount of payment.	\$2,068.75

Joseph Thibodeau		File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:  a. Labor Organizat  b. Trust	ion	
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value	e of such dealing.	
City	12.a. Nature of interest held		
State ZIP Code + 4			
	12.b <sub>13</sub> Amount.		
C. <b>Received from any employer</b> (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name B&C Trust Funds	REIMBURSED	EXPENSES	
Trade Name, if any:	June 2004 7	Trustees Meeti	ng
P.O. Box, Bldg., Room No., if any	Allocate	ed Misc. Charg	es
Street 10401 Connecticut Avenue			
City Kensington			
State Maryland ZIP Code + 4 20895			
13.b. Is the Business an Employer 🕱 or Consultant 🦳 ?	14.b. Amount of payment.		\$255.48

Name of Person Filing Joseph Thibodeau	File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b <sub>g</sub> Amount.	
C. Received from any employer (other than an employer covered unde	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name B&C Trust Funds	REIMBURSED EXPENSES	
Trade Name, if any:	N 1 200/ 5 2	
P.O. Box, Bldg., Room No., if any	November 2004 Trustees Me	
Street 10401 Connecticut Avenue	Airfare, Car Rental, For Tips, Taxis, Parking	ood,
City Kensington		
State Maryland ZIP Code + 4 20895		
13.b. Is the Business an Employer 7 or Consultant ?	14.b. Amount of payment.	\$938.27
		¥3JU+41

Name of Fisor Fining Joseph Inloodeau	File Number	- U-	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).  Name	9. Business deals with:		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any Street	c. Employer		
City			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dea	lina	
City	12.a. Nature of interest held or income r		
State ZIP Code + 4			
	12.b <sub>§</sub> Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name B&C Trust Funds	REIMBURSED EXPENSE	<u>es</u>	
Trade Name, if any:	November 2004 Trus	stees Meeting	
P.O. Box, Bldg., Room No., if any	Hotel & Allocat	ed Misc. Charges	
Street 10401 Connecticut Avenue			
City Kensington			
State Maryland ZIP Code + 4 20895			
13.b. Is the Business an Employer x or Consultant ?	14.b. Amount of payment.	\$1,157.33	